

Marmottes Sassièrè / Marmots Sassièrè

Date 07 10~~7~~ 120 14 Time 8 h00 N° Capture 355 Mesureur / Handling Cohas 1600

Group CE Piège/Trap _____

Recapture année précédente / previous year: yes no même année / same year:

Marking Transpondeur n°  000708CB41 Color 

Metal n° Ø952 Oreille / ear 05

Plastic n° _____ Oreille / ear _____ color _____

Logger yes no

Age M Pup
 Y Yearling
 2 ans 2 years old
 Autres Other

Sex Male Scrotal yes no unknown

Female Allaitante / Lactating yes no unknown Gestante / Pregnant yes no unknown

Status Dominant yes no unknown

Measures

Masse corporelle / Body mass (g) Gros! 570g

L. mandibule / Jaw (mm) 46,84

L. Patte ant. / Forefoot (mm) 42,52

L. Cubitus / Ulna (mm) 48,03

L. Patte post. / Hindfoot (mm) 60,34

L. Tibia / Tibia (mm) 59,15

L. TC / Body length (cm) 25,5

Larg. Tête zygomatique / Zygomatic width (mm) 43,08

Larg. Bassin / Basin width (mm) 29,95

L. Incisives sup / Upper incisor (mm) _____

L. testicule / testes (mm) Droite / right Gauche / left

Prélèvements / Samples

Crottes	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	feces	
Poils	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	hair	
Biopsie	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Biopsy	
TV (sang)	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Green tube	TV extract: nb: <u>1</u>
TR (sang)	yes <input checked="" type="checkbox"/>	no <input checked="" type="checkbox"/>	Red tube	TR extract: nb: <u>Ø</u>
Frotti	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Blood smear	
Eurytic	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Eurytic	
Leucotic	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Leucotic	
Hématocrite	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Hematocrite	Htot: <u>4888</u> Hred: <u>1588</u>
Phéromones J	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	Jugal	
Phéromones B	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Bucal	
Phéromones A	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	Anal	

Remarques / comments

Gawotte